

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

753087

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	4					
TOTAL DEP.	37	↔	↔	↔		
TOTAL CLAIMS	71					

	*	*	*	*
4	IND.	DEP.	IND.	DEP.
51				
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99				
100				
TOTAL IND.				
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				